DRD <sub>™</sub> CE	F LIABILITY II	ABILITY INSURANCE		DATE (MM/DD/YY)		
PRODUCER Insurance Company Street Address City, State Zip Code Agent's Name		AND CONFERS	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW  INSURERS AFFORDING COVERAGE			
	Turnber	INSURER A:	National American	Insurance Company		
	me		National American	Thisurance Company		
Street Address						
	Number	INSURER D:				
(Area Code) Telephone	Number	INSURER E:				
FRAGES						
ANCE AFFORDED BY THE POLICIES DESCRIE N MAY HAVE BEEN REDUCED BY PAID CLAIM	BED HEREIN IS SUBJECT TO ALL S.	THE TERMS, EXCLUSIONS AN	ND CONDITIONS OF SUC	H POLICIES. AGGREGATE LIMITS		
	T OLIO I HOMBEIT	(MM/DD/YY)	DATE (MM/DD/YY)	Limito		
GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000	
COMMERCIAL GENERAL LIABILITY	MP1635342L	12/15/02	12/15/03	FIRE DAMAGE (Any one fire)	\$ 50,000	
□□ CLAIMS MADE ☒ OCCUR				MED EXP (Any one person)	\$ 5,000	
П		G0 5 1 1 1 5 1 1		PERSONAL AND ADV INJURY	\$ 1,000,000	
				GENERAL AGGREGATE	\$ 2,000,000	
					in a standard	
				PRODUCTS - COMP/OP AGG	\$ 1,000,000	
☐ POLICY ☐ PROJECT ☐ LOC			The A Y A		1	
The state of the s	- 400				\$ 1,000,000	
_	AU1231842J	10/24/02	12/15/03	BODILY INJURY	\$	
LI ALL OWNED AUTOS				(Per person)		
SCHEDULED AUTOS				BODILY INJURY	\$	
☐ HIRED AUTOS				PROPERTY DAMAGE	\$	
☐ NON-OWNED AUTOS				(Per accident)		
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
☐ ANY AUTO				OTHER THAN EA ACC	\$	
				AUTO ONLY: AGG	\$	
EXCESS LIABILITY				EACH OCCURRENCE	\$ 1,000,000	
☐ OCCUR ☐ CLAIMS MADE	MB1218442L	12/15/02	12/15/03	AGGREGATE	\$ 1,000,000	
	Insurance Company Street Address City, State Zip Code Agent's Name (Area Code) Telephone  Contractor Business Na Street Address City, State Zip Code (Area Code) Telephone  ERAGES  OLICIES OF INSURANCE LISTED BELOW HA IREMENT, TERM OR CONDITION OF ANY COM ANCE AFFORDED BY THE POLICIES DESCRIE N MAY HAVE BEEN REDUCED BY PAID CLAIM  TYPE OF INSURANCE  GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS MADE COCUR  POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS GARAGE LIABILITY  ANY AUTO  EXCESS LIABILITY  EXCESS LIABILITY  EXCESS LIABILITY	Insurance Company Street Address City, State Zip Code Agent's Name (Area Code) Telephone Number  ED  Contractor Business Name Street Address City, State Zip Code (Area Code) Telephone Number  ERAGES  OLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT ANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL N MAY HAVE BEEN REDUCED BY PAID CLAIMS.  TYPE OF INSURANCE POLICY NUMBER  GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS ANY AUTO  EXCESS LIABILITY  EXCESS LIABILITY  EXCESS LIABILITY  EXCESS LIABILITY  EXCESS LIABILITY	Insurance Company Street Address City, State Zip Code Agent's Name (Area Code) Telephone Number  ED  Contractor Business Name Street Address City, State Zip Code (Area Code) Telephone Number  ENSURER B: INSURER B: INSURER C: INSURE	Insurance Company Street Address City, State Zip Code Agent's Name (Area Code) Telephone Number  ED  Contractor Business Name Street Address City, State Zip Code (Area Code) Telephone Number  ENSURER 8: INSURER 8: INSURER 6: INSURER 6: INSURER 6: INSURER 6: INSURER 7: INSURER 7: INSURER 7: INSURER 8: INSURER 8: INSURER 8: INSURER 8: INSURER 9: INSURE	UCCENTRICATE OF LIABILITY  Street Address City, State Zip Code Agent's Name (Area Code) Telephone Number  ED  Contractor Business Name Street Address City, State Zip Code (Area Code) Telephone Number  ED  Contractor Business Name Street Address City, State Zip Code (Area Code) Telephone Number  ERAGES  CULIES OF INSURER B. INSURER B. INSURER B. INSURER C. INSURER D. INSUR	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS.

CW1825442L

## PROJECT LEGAL DESCRIPTION

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

DEDUCTIBLE

□ RETENTION

OTHER

A

\$10,000

Certificate Holder is named Additional Insured on the Auto and General Liab policies. Waiver of Subrogation in favor of Certificate Holder is included on the General Liab, Auto Liab and Workers Compensation policies.

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION		
City of Arlington ATTN: Utilities/Eng Department P.O. Box 90231 Arlington, TX 76004-3231		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE		
		NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS REPRESENTATIVES.		
		AUTHORIZED REPRESENTATIVE		

12/15/02

\$

\$

\$

\$

500,000

500,000

500,000

OTHER

WC STATUTORY LIMITS

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

E.L. EACH ACCIDENT

12/15/03

ACC	ORD™ CE	ERTIFICATE O	OF LIABILITY	INSURANC	E	DATE	(MM/D	D/YY)	
PROD	Insurance Company Street Address City, State Zip Code Agent's Name	Insurance Company Street Address City, State Zip Code		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW					
	(Area Code) Telephone	Number		INSURERS	AFFORDING COVERAGE				
INSUF	SURED			National American	n Insurance Company				
	Contractor Business Na Street Address	ime	INSURER B:						
	City, State Zip Code		INSURER C:						
	(Area Code) Telephone	Number	INSURER D:						
	ERAGES		INSURER E:						
THE P REQU INSUR SHOW	OLICIES OF INSURANCE LISTED BELOW HA IREMENT, TERM OR CONDITION OF ANY CON IANCE AFFORDED BY THE POLICIES DESCRIE IN MAY HAVE BEEN REDUCED BY PAID CLAIM	NTRACT OR OTHER DOCUMEN BED HEREIN IS SUBJECT TO A	NT WITH RESPECT TO WHICH T	THIS CERTIFICATE MAY B	BE ISSUED OR MAY PERTAIN,	THE			
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS			
	GENERAL LIABILITY				EACH OCCURRENCE	- 17	\$	1,000,000	
Α	☐ COMMERCIAL GENERAL LIABILITY	MP1635342L	12/15/02	12/15/03	FIRE DAMAGE (Any one fire)		\$	50,000	
	□□ CLAIMS MADE ☑ OCCUR				MED EXP (Any one person)		\$	5,000	
		]			PERSONAL AND ADV INJUR	RY	\$ 1	1,000,000	
				0	GENERAL AGGREGATE		\$ 2	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AG	G	\$ 1	1,000,000	
	☐ POLICY ☐ PROJECT ☐ LOC						\$		
	AUTOMOBILE LIABILITY	AU1231842J	19/24/02	12/15/03	COMBINED SINGLE LIMIT (Ea accident)		\$ 1	1,000,000	
	□ ALL OWNED AUTOS		10/24/02		BODILY INJURY (Per person)		\$		
	SCHEDULED AUTOS				BODILY INJURY		\$		
- 1	☐ HIRED AUTOS				(Per accident)				
	NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	Т	\$		
	☐ ANY AUTO				OTHER THAN	EA ACC	\$		
						AGG	\$		
A 🗵 o	EXCESS LIABILITY				EACH OCCURRENCE			1,000,000	
	☑ OCCUR ☐ CLAIMS MADE MB1218442L	12/15/02	12/15/03	AGGREGATE		\$ 1	1,000,000		
						\$			
	DEDUCTIBLE								\$
Lis	RETENTION \$10,000						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	CW1825442L	12/15/02	12/15/03	X WC STATUTORY LIMITS	OTHER			
, ,					E.L. EACH ACCIDENT		\$	500,000	
a Bi					E.L. DISEASE - EA EMPLOY	EE	\$	500,000	
			Maria Santa		E.L. DISEASE - POLICY LIM	IT	\$	500,000	
	OTHER						0 -/		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS.

## PROJECT LEGAL DESCRIPTION

Certificate Holder is named Additional Insured on the Auto and General Liab policies. Waiver of Subrogation in favor of Certificate Holder is included on the General Liab, Auto Liab and Workers Compensation policies.

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION
City of Arlington ATTN: Risk Mar P.O. Box 90231 Arlington, TX 760		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE